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ABSTRACT

A study examined whether theatrical performances can communicate appropriate help-seeking skills to children for avoiding sexual abuse. The study compared the effectiveness of a play in which characters seek help for sexual abuse with that of a similar videotaped presentation, and with a control group that viewed neither the play nor the videotape. The subjects, 303 children ages 7 through 10 and in grades 3 through 5, were placed in one of 3 treatment conditions (control, play, videotape). Measurement was administered 4 weeks after treatment by 12 female volunteers from undergraduate interpersonal communication classes at a local college, using the "What If" Situation Test (WIST) and interviewing each student individually, in the presence of the school counselor. To measure "need to know," an adaptation of Kellermann and Reynolds' (1990) Importance and Need for Certainty Scale was used. Results indicated that children in the group exposed to educational theater did not show a significant difference from the group who viewed the videotape. Those viewing the videotape, however, were aware of significantly more help-seeking skills and had greater motivation to reduce uncertainty than children in the control group. The children who saw the videotape also received the highest scores on WIST. (Contains 43 references.) (CR)

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THE COMMUNICATION OF HELP-SEEKING SKILLS TO CHILDREN

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Abstract

This paper presents a study to determine if theatrical performances can communicate appropriate help-seeking skills to children for avoiding sexual abuse. The effectiveness of a play in which characters seek help for sexual abuse was compared with the effectiveness of a similar videotaped presentation, and with a control group that viewed neither the play nor the videotape. Children ages seven through ten were placed in one of three treatment conditions (control, play, videotape). Measurement was administered four weeks after treatment. Primary results showed that children who viewed the videotape were aware of significantly more help-seeking skills and had greater motivation to reduce uncertainty than children in the control group.

Communicating Help-Seeking Skills to Children

Berger and Bradac (1982) defined uncertainty as the inability to structure the environment and make it predictable. When individuals have less than optimal information they have little control over life situations, and this leads to even more ambiguity and uncertainty (Clatterbuck, 1978). Reducing uncertainty is vital for adapting to an ever-changing environment. Therefore, the need to reduce uncertainty goes far beyond its role in the initial encounters usually studied by communication scholars (Honeycutt, 1993).

This theory has implications for communication as a means of resolving incompatibilities between cognitive structures, experiences, and behaviors in various settings. Effective communication can reduce uncertainty and enable individuals to appropriately and effectively plan their behavior (Clatterbuck, 1978). Based on this theory, a prediction could be made that effectively reducing a child's level of uncertainty about sexual abuse may enable that child to seek help if an abusive situation occurs.

The term child sexual abuse refers to the exploitation of a child for the sexual gratification of someone older or bigger than the child. The behaviors may range from exhibitionism and other non-touching offenses to actual intercourse. Sexual abuse spans many activities, from incestuous behavior in the home, to child prostitution, to the use of children in the production of commercial pornographic materials (Hodson & Skeen, 1987).

No one knows the extent to which child sexual abuse occurs. However, experts describe sexual abuse as one of the most under-reported forms of child abuse. It occurs with very young children and even infants, boys as well as girls, and at all levels of socio-economic status and educational background (Borkin & Frank, 1986). Estimates of the incidence of sexual abuse vary from study to study. A conservative estimate would be that by 18 years of age, 19% of girls and 9% of boys are sexually abused (Hodson & Skeen, 1987). However, Briere (1989) reported a higher figure. According to this report 27% of girls are sexually abused.

Sexual abuse of children has serious consequences for the victims and their families as well as for the adult offenders. In the past few years concern for the victims has become a national issue. Violence in the home and in society has received more attention as knowledge about domestic violence in general has

increased, yet society's attitude of secrecy toward the problem remains the greatest obstacle to prevention and treatment of child sexual abuse. Pressure to ignore, minimize, or cover up the situation may be extreme. However, the problem cannot be ignored, and must be dealt with in a realistic, open, and honest manner in order to spare children this exploitation (Hodson & Skeen, 1987).

The few major studies in the field of child sexual assault have generally focused on the offender rather than the victim (Hodson & Skeen, 1987). Nevertheless, a body of useful information concentrates on the changing rate of violence and abuse in the home, the consequences of abuse to children and women, and the effectiveness of treatment programs in reducing the incidence of family violence.

Sexual abuse statistics indicate that strangers perpetuate only 1 5-20% of all assaults (Wurtele, Saslawsky, Miller, Marrs, & Britcher, 1986). The child victims know the vast majority of the offenders (Borkin & Frank, 1986). Child sexual abuse, primarily a family problem, often happens in dysfunctional families with confused gender and generational roles (McLeod & Saraga, 1987). Thus, children appear most vulnerable in their own homes. Research estimates indicate that relatives molest 250,000 children every year, and that incest occurs in 2 million American families (Borkin & Frank, 1986).

While concern for the serious social-psychological effects of sexual abuse gives rise to considerable interest in developing programs to help children prevent or escape the experience, empirical research on treatment and prevention remains practically nonexistent (Gelles & Conte, 1990). Yet even though prevention programs are not based on a solid set of theoretical principles and proven approaches, the general goal of prevention (short-circuiting the onset of disorders by early or global intervention) is as difficult to argue against as to define operationally (Reppucci, 1987).

Children and their parents provide the primary target population for preventive interventions. Early intervention and parental education programs have as their goal healthier and happier children who will become the productive citizens of tomorrow (Reppucci, 1987). In response to the great need, many prevention programs aimed at known-offender abuse have been developed for implementation in school systems. Educators use several different media to teach children and parents about sexual assault. These programs include slide presentations, movies, plays, puppet shows, discussions, and role play, as well as various

printed materials such as pamphlets and comic books. Although the format and quality of the programs vary the rationale for the presentations appears similar. These programs teach the children to recognize the inappropriateness of the situation, resist the inducements, escape and seek help.

While the simple act of seeking help merely involves asking someone to provide assistance, both experimental and anecdotal reports suggest that children often seem uncertain about seeking help and may need informational as well as emotional support (Williams & Williams, 1983). The specific notion of uncertainty has been explored in several studies in the support literature, and most researchers describe uncertainty as a generally undesirable state associated with a stressful experience. The experience of uncertainty may be based on ambiguity, complexity, lack of information, and unpredictability. These information states leave a person without a definition of the situation and fearful of the future. Individuals may feel helpless because they perceive they are without options (Albrecht & Adelman, 1987).

Many communicators do not seem to understand that vehicles such as educational theatre provide a way of knowing that is often more stimulating and persuasive than the distanced, abstract learning provided in a purely intellectual approach such as lecturing (Brockett, 1985). For what ever its simplicity or complexity, theatre communicates humanistic knowledge in experiential terms (Roberts, 1985). Specifically, theatre may harness the power of social learning processes by providing accurate information and modeling behaviors through identification with the characters in the play (Portes, 1991).

Theatre groups such as The Blue Apple Players of Louisville, Kentucky, have a growing reputation for confronting the uncomfortable (Adler, 1993). They focus on issues of drug abuse, teenage pregnancy, suicide, cultural diversity, and child sexual abuse. Portes (1991) attempted to assess the effects of live theatre as an active intervention on attitudes and found a robust change in attitudes about teenage pregnancy. This supports the popular belief that drama serves as an effective method of persuasion. Educational theatre addresses the need for imaginative solutions to socio-cultural problems. Yet while drama offers solutions for confronting social problems, a range of evaluation designs are needed to expand knowledge about the effectiveness and precision of these interventions (Portes, 1991).

The daily attention of the media to the prevalence of child sexual abuse, the backlash of false reports, the

controversy over repressed memories, and the lack of communication in many families about any sexual subjects may cause children to experience a great deal of uncertainty on this subject. Theatre may effectively communicate information that will reduce uncertainty about sexual abuse. If this uncertainty is reduced, perhaps a child who encounters a potentially abusive situation can use appropriate communication behaviors and seek help. A play may provide reassurance that lessens the guilt often associated with victimization. Since sexual abuse often happens to children with low self-esteem, programs that improve self-esteem might also help prevent sexual abuse. The following section examines the literature on programs designed to prevent child sexual abuse, the communication of social support and help-seeking behaviors, and the effective use of educational theatre and other dramatic forms. This section is followed by the presentation of a study designed to examine the effectiveness of dramatic intervention in the schools.

Programs to Prevent Child Sexual Abuse

With the recognition of child abuse as a major social problem a number of efforts to prevent abuse as well as to reduce the negative effects of reported incidents that have emerged. Professionals have developed campaigns that urge the identification and reporting of suspected abuse to child protective agencies. Social agencies have provided support services for victims and their families, and educational programs have been developed to teach children to recognize inappropriate behavior directed toward them (Phi Delta Kappa, 1987).

The goal of prevention can be broadly categorized as either enhancing psychological health, and strengthening competencies, resources, and coping skills as protection against dysfunction; or reducing the rate of occurrence of emotional disorders. Primary prevention programs focus on populations of people, not individuals, and are directed toward people who may or may not be at risk of adverse psychological outcomes as a result of life circumstances or recent experiences (Rosenberg & Reppucci, 1985).

Hodson and Skeen (1987) identified the following strategies widely used in child-centered educational programs. These programs give children correct terminology, and help them identify different types of touching. They teach children that their bodies belong to them, that they do not cause the abuse, and that someone might try to manipulate them into an abusive situation. Educators encourage open communication,

belief in the child, and investigation of the alleged abuse. They teach the children to keep telling, and make resources available to them. Finally, the programs foster appropriate attitudes in responsible adults.

Educators have a moral and legal obligation to report any reasonable suspicion or known case of child sexual abuse. Handling the incident in a sensitive and direct manner may lessen the suffering of the child, especially reassuring the child that she or he was not responsible for the abuse. Many researchers believe that a lack of sex education contributes to the sexual abuse problem. Effective sex education can help prevent sexual abuse by developing positive attitudes in young people who are today's victims as well as the next generation of potential abusers (Hodson & Skeen, 1987).

Prevention programs have been developed for every conceivable technology and format. Educators base these programs on a set of assumptions: that many children do not recognize sexual abuse, that sexual touch need not be tolerated, that adults want to know if a child has been sexually touched by an older person, and that children can be taught knowledge and skills that will be useful in preventing or escaping abuse.

Assessments of these prevention programs have included questionnaires, and scenarios followed by asking the child what should be done in that situation. Recent research to examine the most effective way to teach prevention skills has found that more learning occurs when the children get involved in the learning than when they simply listen to instructions or watch a video. The programs that train children to prevent sexual victimization have raised concerns about harmful effects, but researchers attempting to address these concerns have found no significant increases in behavioral problems or in anxiety or fear. (Gelles & Conte, 1990).

Prevention programs usually teach children to follow three strategies: (a) Say no, (b) Get away, and (c) Seek help from a trusted adult (Gelles & Conte, 1990). Unfortunately many children still do not report sexual abuse. Although numerous explanations exist for this silence, the lack of reporting can be better understood by considering the high level of uncertainty children feel about who to tell and what will happen if they do tell.

Social Support and Help-Seeking Behaviors

Researchers define social support as interpersonal transactions that include one or more of the following: affect, affirmation, or aid. Each exchange involves two or more people affected by individual development as well as the development of the relationship (Sarason, Pierce, & Sarason, 1990). Social support includes verbal and nonverbal communication between recipients and providers. This support reduces uncertainty about the situation or the relationship, and functions to enhance a perception of personal control in one's life experience (Albrecht & Adelman, 1987).

Central to an understanding of seeking social support is the concept of uncertainty. Uncertainty is the cognitive response that occurs when one does not know how and why events are occurring. Such cognitive states make it less probable that individuals will believe they can act in ways that produce positive outcomes (Albrecht & Adelman, 1987).

The significance of supportive communication that reduces perceptions of uncertainty is that it helps the receiver develop a sense of perceived control over stressful circumstances. The state of unpredictability about circumstances has been linked to higher levels of distress in those who perceive they cannot control the events around them. On the other hand, support occurs when information and resources from others minimize the perception of threat, maximize actual and perceived mastery, and facilitate direct action and methods of coping (Albrecht & Adelman, 1987).

Research indicates that providers of social support can directly reduce uncertainty and enhance control in several important ways. First, they can reframe a recipient's cognitive perspective. Control-producing messages encourage the individual to think in terms of realistic yet useful contingencies. Second, they can improve the recipient's skill levels. Interactions that increase the skills of a recipient function to decrease feelings of inadequacy by creating specific outcomes. Third, they can enhance control through tangible assistance. The exchange of time, resources, and labor also conveys an important type of support with clear benefits for recipients. And, fourth, they enhance control through acceptance or assurance (Albrecht & Adelman, 1987).

Although researchers know a great deal about help-seeking behaviors in distressed adults, they know relatively little about such behaviors in children (Kliewer, Lepore, & Broquet, 1990). However, social

networks serve similar functions in the lives of all individuals. In times of stress social support provides resources such as affection, physical comforting, empathic listening, assistance in problem solving, and reassurance of worth (Belle, Burr, & Cooney, 1987). Children can develop the ability to obtain help from adults and peers when needed. Their success in utilizing others as resources reflects both their ability to detect and communicate needs and the responsiveness of the social environment to the expression of those needs (Nelson-Le Gall, 1985).

Resilience in the face of life stresses has been shown to depend in part on the resources children receive from members of their social networks. Children's socio-emotional functioning reflects the extent of their access to family and neighborhood social support. Children who frequently turn to members of their networks in times of stress have higher self-esteem than those who turn to others more rarely. Social support correlates with resilience among youth growing up in poverty, and this support appears to buffer children from the impact of parental divorce and school transition (Belle et al, 1987).

Belle et al. (1987) also found that while social support benefits both boys and girls, gender differences exist in children's propensities for seeking social support. Girls seem to desire more intimacy in relationships than do boys, and turn to others in times of stress more frequently than do boys. These gender differences generally converge with those reported for adult men and women, with males avoiding the direct expression of the need for help and describing the sharing of personal experiences as a relatively emotionless exchange of information, and females willing to make direct requests for help and sometimes finding themselves overwhelmed with too much emotion.

In the case of sexually abused children, 63% of the girls and 73% of the boys do not tell anyone about their experience. Many crimes of a personal nature do not get reported to the police because police involvement often brings public exposure, humiliation, and bureaucracy to the victim. Most children do not even tell their parents, siblings or friends, often because they do not think they will believe them or because of family involvement. In addition, guilt enters the picture from various angles. A victim may feel guilty for participating, but other people can reinterpret or label the experience and thus create guilt in a victim where none existed before (Finkelhor, 1979).

A stage within the social interaction process of concern in the helping literature is the point at which individuals must decide whether to seek support. According to Hill (1991) substantial evidence indicates that people who might benefit from help will often persist on their own at failed problem-solving attempts rather than ask for help from others. Factors cited as influential in this decision typically are related to a cost-benefit analysis theorized to occur during the decision process, because help-seeking can readily be perceived as an admission of incompetence, failure, and dependency.

On the other hand, little research has explicitly examined factors that facilitate or bolster help-seeking tendencies. Hill (1991) found that the affiliate need of the potential support seeker and the expressive attributes of the potential support provider interacted to predict willingness to disclose their feelings about a personal problem. The issue of whether an individual will seek help appears quite complex, particularly in light of substantial evidence indicating that many people do not ask for help even when it is available.

In sum, previous research suggests that social support can reduce uncertainty by providing information, reassurance of self-worth, assistance, emotional support, and services. Educational theatre can offer children many of these supportive messages, and may provide the motivation children need to make wise choices if an abusive situation occurs.

Educational Theatre

A romantic, social, and scientific interest in children and child hood appeared between 1900 and 1910. Everything that children's lives touched, even theatre, received special analysis and treatment. During that decade social workers, educators, and theatre practitioners came to associate the theatre with high ideals. They wrote and talked about theatre 's capacity to inspire and communicate. Americans in the 19th Century may have regarded theatre as evil, but the new custodians of childhood saw theatre as a pragmatic gift from a higher being (Salazar, 1984). Nevertheless, the art form of educational theatre for young audiences is rather young. In the United States theatre has been used almost exclusively as an entertainment medium, with only lip service paid to educational values (Oaks, 1981).

The Paper Bag Players, founded by Martin in 1958, pioneered in creating an original form of children's theatre in America at a time when the field was dominated by traditional fairy tales. The Paper Bag Players

provided a successful model of an alternative approach to children's theatre, one that has proven to be excellent and long-lasting as well as innovative. The company evolved specific techniques of effective communication that carried developmental messages and conveyed specific values (Parchem, 1983).

The Teen Theatre Troupe in New Orleans produces plays to help students make responsible sexual decisions, and the New Image Theatre in San Diego produces a play aimed at correcting commonly held myths about sexuality. Significant increases in the knowledge of teenage audience members have been found as a result of seeing these plays (Portes, 1991).

Theatre provides a unique mechanism for social learning and has proven to be effective in changing attitudes and communicating information. The Blue Apple Players, a nonprofit, professional theatre company, specializes in original musicals that address serious social problems affecting young people today. Subjective data from A.P.P.L.E. audiences over fourteen years, and positive results from the systematic evaluation of Consequences, the teenage pregnancy show, provide evidence that this approach has significant value (Portes, 1991).

The musical, No More Secrets, the story of a sexually abused child, was first produced in 1983, and has run for 335 performances playing to over 200,000 people. This play attempts to give children the courage to report instances of sexual abuse, both within and outside the family, and to shed the guilt so often associated with being a victim. The effectiveness of No More Secrets has not been scientifically evaluated; however, schools where children have seen the play have documented children coming forth to parents, teachers, and scout leaders about experiences they have had. According to the producers, key factors contributing to the success of this project in prevention and early intervention of child sexual abuse include fostering communication and family involvement, establishing credibility with audiences, promoting positive attitudes toward problems and solutions, reaching large numbers of young people, and coordinating with other child abuse programs. The play has the potential to be replicated nationally and internationally (Andrews, 1993).

"Bubbylonian Encounter," another children's dramatic presentation about sexual assault, was also designed to sensitize children to appropriate and inappropriate touching; to communicate to children that

sexual offenders may be strangers, friends, or family members; and to teach children to stop potential sexual assaults or seek help if sexually molested. Learning outcomes of children viewing this play were assessed by measuring their responses to videotaped vignettes with a paper and pencil instrument to determine (a) recognition that family members can sexually abuse in either a physically assaultive or gentle method, (b) identification of appropriate self-protective methods, and (c) responses to the play in general. A pretest-posttest, and posttest only experimental group had virtually identical rates of correct responses, thus giving no evidence that the pretest promoted learning. After seeing the play the rate of selecting the preferred preventive response increased significantly, suggesting that the play did teach children how to seek help. The results also showed that children apparently generalize from what they see in the play; that is, they discovered that violent intrafamilial sexual abuse can happen. The study demonstrated that a play can be effective in communicating sexual abuse prevention concepts to children in an entertaining format (Swan, Press, & Briggs, 1985).

According to Oaks (1981), theatre for young audiences in European countries appears much more aggressive in seeking to influence ideas and attitudes than theatre in the United States. England has both a well-established traditional theatre offering primarily folk tale material, and a second generation activist theatre seeking social and political change. The young idealists who started this movement in Great Britain were anxious to involve young people in socio-political thought and in issues directly related to the curriculum and their lives. They chose to work in the schools rather than in theaters. They increasingly saw the social and educational value of presenting plays on specific themes, such as ecology and prejudice. This theatre group supplies information, ideas and alternatives to those perpetuated by the British establishment. They are not in the schools to indoctrinate, but they are certainly there to offer young people alternative information which may help them draw their own conclusions. They believe that theatre provides a medium of communication, and they communicate ideas and thoughts, not escapist fantasy (Oaks, 1981).

In the Netherlands there are a full range of offerings from plays about social problems to sheer entertainment. The trend in Denmark is toward contemporary material, much of it with socio-political overtones, but some traditional work continues (Oaks, 1981).

In India a theatre group called Jagran deals with community education and development through pantomimes. After years of struggle the theatre has attracted international recognition. The plays deliver messages about birth control, drugs, castes, dowries, prostitution, and alcoholism. Exhortations follow the message. Critics call Jagran simplistic, developmental communication rather than community development, but this method of communication has been formulated in daily contact with the audience and in response to specific problems in environmental contexts. The pantomimes overcome barriers of language and illiteracy. Innovative in both its access and themes, Jagran has the makings of a people's movement (Bakshi, 1989).

In many third world cultures oral traditions and cultural performance educate the young and promote beliefs and values among adults. Any communication campaign that ignores the indigenous cultural strengths of performance may be doomed to failure. A sizable body of literature is developing around this kind of third world theatre. Researching and developing culturally appropriate materials along with the participatory involvement of the people are experiential/processual dimensions as significant as any explicit message communicated in a skit or scenario. For popular theatre to work effectively as a tool of critical awareness and empowerment for oppressed people it must be rooted in and begin with their cultural strengths. Instead of aesthetic distance and other concepts of elitist theatre, popular theatre is contingent upon the rhetorical processes of identification and consubstantiality (Conquergood, 1988).

Brockett (1985) stated that education seeks to socialize its citizens. Socialization involves making students aware of behavioral patterns and social structures, and many aspects of socialization may be approached through means that reinforce curiosity and creativity. Of all the arts, drama offers the greatest potential as a humanizing force, for it asks individuals to enter imaginatively into the lives of others in order to understand their motivations, aspirations, and frustrations. In so doing they can also understand themselves better. In a world increasingly violent, the value of being able to understand self as well as others cannot be overestimated, because violence depends on dehumanizing others, no longer thinking of their hopes, aims, and sufferings, and treating them as objects to be manipulated or on whom to vent frustrations (Brockett, 1985).

As tragic as it is, the crime of child sexual abuse remains difficult to measure, as does the effectiveness

of intervention. No one agency collects data, no uniform definitions of child sexual abuse exist, the methodology in many studies seems suspect, and the crime appears grossly under-reported. The literature demonstrates the need to evaluate educational programs that try to teach children who may be sexually abused to seek help. A few studies have established the effectiveness of theatre in communicating information to young people. One study, which evaluated "Bubbylonian Encounter," found that children can be taught sexual abuse prevention concepts using a play. However, this study only provides a beginning, and the writers call for further research with a control group in other schools. The play No More Secrets, which is seen by children nationally, has not been previously evaluated. School administrators need to know if this play provides the schools with an effective method of addressing the problem of child sexual abuse. Children may be especially susceptible to uncertainty about sexual abuse because of conflicting messages in their environment. Uncertainty reduction theory states that effective communication reduces uncertainty and enables individuals to appropriately and effectively plan their behavior (Albrecht & Adelman, 1987). Research has established that educational theatre communicates information about sexual abuse and that children can learn this information (Swan et al., 1985). No research has been done to determine if children who see educational plays such as No More Secrets will remember how to use appropriate communication behaviors to seek help if an abusive situation occurs.

Therefore the following hypotheses are presented:

H1: Exposure to educational theatre will motivate children to reduce uncertainty compared to no exposure to educational theatre.

H2: Exposure to educational theatre will produce increased knowledge of help-seeking behavior compared to no exposure to educational theatre.

H3: Motivation to reduce uncertainty is positively correlated with knowledge of help-seeking behavior.

Because many schools use videos rather than plays for teaching children about body safety, a comparison between the effectiveness of the two forms of drama is important. In a recent unpublished meta-analysis of prevention programs, video was found to be effective in teaching sexual abuse prevention, with a .62 overall

weighted effect size for programs using film/media (Heidotting, Keiffer, & Soled, 1994). However, the effectiveness of educational theatre has not been compared to other forms of dramatic intervention such as videotaped drama. Therefore, the following research questions are asked:

RQ1: How do live theatrical presentations differ from videotaped presentations in motivating children to reduce uncertainty?

RQ2: How do live theatrical presentations differ from videotaped presentations in producing increased knowledge of help-seeking behavior?

Finally, when considering the use of educational plays to teach children effective help-seeking skills it is important to establish whether such plays lessen feelings of guilt that may be associated with sexual abuse. Previous research has not examined the effectiveness of educational plays in reducing this guilt. Also important is the examination of the degree to which educational plays raise self-esteem. Children exposed to sexual abuse may experience lowered self-esteem, so it is important to assess the effectiveness of educational plays in raising self-esteem. No previous research has examined this relationship. The following research questions explore these two relationships:

RQ3: Do dramatic interventions lessen feelings of guilt about sexual abuse?

RQ4: Do dramatic interventions raise self-esteem?

In summary, the development of effective intervention and prevention programs depends on a sound research base for program design, implementation, and evaluation. The model must be carefully chosen because the theoretical assumptions that underlie the definition of a social problem determine how to approach its solutions. Sexual abuse of children remains a serious problem, and the subject can produce uncertainty in children. Educational theatre communicates information about sexual abuse to children, and has been shown to do this effectively. However, no study has determined if children can remember and apply the information they learn from dramatic interventions or if such presentations lessen guilt or raise self-esteem. The study presented in this paper assesses the effectiveness of an educational theatrical presentation for reducing the uncertainty associated with child sexual abuse and increasing appropriate help-seeking skills in children. This study also assesses children's guilt and self-esteem after viewing a

dramatic performance, and compares the effectiveness of live theatrical performances to the effectiveness of videotaped performances in communicating help-seeking skills to children.

Methods

Sample

Three hundred and three children participated in this study. The children, ages seven through ten, were in elementary school, grades three through five. One hundred and seven participants were in the third grade, eighty-four were in the fourth grade, and one hundred and twelve were in the fifth grade. All were white and middle-class. One hundred and thirty-seven participants were male and one hundred and sixty-six were female. Group 1 (Control) came from a school that had not participated in a special body safety program during the current year. Forty-eight of these participants were females and forty-five were males. Group 2 (Play) saw the play No More Secrets. Sixty-two of the participants in this group were females and forty-six were males. Group 3 (Video) saw a video presentation about child sexual abuse. Fifty-six of the participants in this group were females and forty-six were males. All schools in the sample are required to include sexual abuse information in their curriculum, and most children also receive some information from their environment.

Procedure and Instrumentation

The primary investigator met with the Coordinator of Counseling Services for the school system. The research project was explained, and a copy of the proposal and the questionnaire was left with the Coordinator. Permission was granted a few days later. The Coordinator then met with the counselors from all the elementary schools in the system and explained the research to them. They were informed that three schools would be contacted. They were encouraged to participate, but the final decision rested with the school principals.

From a list of all the schools that were scheduled to see the play No More Secrets, one was randomly selected and visited. The primary investigator met with both the principal and the counselor, questions about the research were answered, and copies of the proposal and questionnaire were left with them. Permission

was granted for the research to take place. Students from this school made up Group 2, the students who viewed the play No More Secrets. This musical, written to prevent and intervene in child sexual abuse, encourages young people in grades K through 8 to identify with believable situations and characters through songs, comedy, and drama. The play attempts to teach children about different types of sexual abuse and shows them how to seek help (Andrew, 1993).

The names of two other schools were randomly selected from a list of schools who had not seen the play and who were not scheduled to see this play. The same procedure was followed. The Group 1 (Control) school counselor stated that no body safety program had been used during the current school year. The Group 3 school agreed to use the video Don't Touch after it was previewed by the Coordinator of Counseling, the principal and counselor, and several teachers. The video was supplied by the Exploited Children's Help Organization, and approved for use by the County's Public Schools. It reports the story of Molly, who with the help of her baby-sitter, tells her parents that she has been molested. Lesson plans were furnished for teachers to use with the play and the video.

Parental consent forms were sent with a cover letter from each school to request permission for the students to participate in the research. Response rate for parental permission was 54% for the school from which the control was drawn (Group 1), 32% for the school from which the theatre group was drawn (Group 2), and 76% for the school from which the video group was drawn (Group 3). Children who did not take part in the research stayed in the classroom with their teacher.

Twelve female volunteers were chosen from undergraduate interpersonal communication classes at a local college to administer the questionnaire by reading the statements/scenarios to the children included in this study and placing their answers on the answer sheets. Volunteers were screened for good interpersonal skills and for unresolved abuse issues from their own childhood. The volunteers were trained by a clinical psychologist (who was also a certified family therapist working with abused children) on how to recognize signs of distress or embarrassment, and how to react if a disclosure occurred. The volunteers spent several hours in a group setting with the psychologist discussing child sexual abuse, interview procedures, how to recognize verbal and nonverbal signs of distress, and appropriate responses to the children' s disclosures.

The possibility existed that a child participating in this study might be embarrassed or upset by the interviewer's questions, or that an abused child might become emotionally disturbed or disclose sexual abuse. If a child disclosed abuse, confidentiality could no longer be maintained. To minimize the possibility of risk to the children, the following two precautions were taken:

1. Questions were asked of each child individually and privately. (This was done to ensure confidentially to the extent possible under law, to ensure that the person asking the questions was aware if the child became upset, and to clarify any questions the child might have).
2. The school counselor was present at all times during the administration of this study. Arrangements were made for the counselor to remove an upset child from the interview. The counselor would determine if counseling or referral was needed. In addition, the following procedure, recommended by the Exploited Children's Help Organization, would be followed if abuse was disclosed: (a) The child would be referred to the school counselor, (b) Child Protective Services would be called that day, and (c) The investigator would follow up by calling the school counselor to see that the child was receiving help.

Group 1, the students who had not participated in a body safety program, was interviewed first. Group 2, the students who saw the play, was interviewed approximately four weeks after the play. Group 3, the students who saw the video, was interviewed approximately four weeks after viewing the video. In each case the primary investigator arrived at the school at 8:00 a.m. The volunteers arrived at 8:30 a.m. Name tags were distributed, and the volunteers were registered with the school office. Each volunteer was given a packet containing a questionnaire, a pencil, answer sheets, and stickers. The volunteers scattered themselves throughout a large room for privacy. The counselor collected consent forms and checked the signatures, and twelve students were brought in at a time. As each group of students finished the interview and left, another group of students came in. Verbal assent was obtained as follows:

For Group 1: Hi. My name is _____ and I want to ask you so me questions to find out how much you know about body safety. When I talk about body safety, I mean knowing the difference between good touch and bad touch, and how to protect yourself from bad touch. Would that be OK ? If the questions

embarrass you or make you feel bad tell me to stop and I will not ask any more.

For Group 2: Hi. My name is _____. A few weeks ago you saw a play called No More Secrets. Do you remember? Did you like the play ? Today I want to ask you some questions to find out what you learned about body safety from the play. When I talk about body safety I mean knowing the difference between good touch and bad touch, and how to protect yourself from bad touch. Would that be OK? If the questions embarrass you or make you feel bad tell me to stop and I will not ask any more. For Group 3: Hi. My name is _____. A few weeks ago you had a lesson about body safety. Do you remember? When I talk about body safety, I mean knowing the difference between good touch and bad touch, and how to protect yourself from bad touch. Today I want to ask you some questions to find out how much you learned from the lesson. Would that be OK? If the questions embarrass you or make you feel bad tell me to stop and I will not ask any more.

After the introduction, the child's demographics were marked on the answer sheet. To measure knowledge of help-seeking skills the volunteers said: "I am going to describe a few scenes to you and ask you some questions about them. When I ask you about your private parts, I mean your (gender appropriate language was used: penis, vagina, breast). First we will have two practice questions to make sure you understand how to do this." After the practice questions, the volunteers said: "Now we are ready to begin." Six scenarios were described, followed by the questions : "Would that be OK? What would you say? What would you do? Would you tell anyone? Who would you tell? What would you say?"

The "What If" Situations Test (WIST) was developed by Wurtele et al. (1986). These questions have to do with information about appropriate and inappropriate behavior. The WIST begins with two non-threatening situations in which children might find themselves (e.g., falling down and scraping a knee), after which the children are instructed to imagine them selves in that situation and they are asked to describe how they would respond.

Four vignettes describing potential encounters with adults who make sexual advances are then read to the children. After each vignette the children are asked a standard list of questions to determine the degree to which they are able to recognize the inappropriateness of the touch situation, refuse the advance by making

appropriate assertive and persistent verbal responses to the offender, describe a behavioral response that would remove them from the situation, and list the names of contact persons to tell of the inappropriate touch incident.

Wurtele and her associates found that the device yields two recognition scores (based on children's responses to question 1, "Would it be OK?, scored 0 or 1, with correct responses receiving 1 point): (a) an Appropriate Request Recognition Score, which measures a child's ability to recognize the three appropriate-touch requests (range = 0 to 3); and (b) an Inappropriate Request Recognition Score, which measures a child's ability to recognize the three inappropriate-touch requests (range = 0 to 3) . (For Appropriate and Inappropriate Request Recognition Scores, one-month test-retest reliabilities, based on Controls' pre- and posttest scores , were .84 and .89, respectively).

Responses to each of the skill questions (What would you say? What would you do? Who would you tell? What would you say to resource person?) receive 0 to 2 points (Wurtele et al., 1986). Scores for each personal safety skill are summed across the three inappropriate vignettes to yield a Total Specific Skill Score (i.e., maximum possible score for each skill is 6; two points per vignette x 3 vignettes). To measure children's overall personal safety skill level, the sum of the responses to the SAY, DO, TELL, and REPORT questions (maximum = 8 points per vignette) are combined across the three inappropriate vignettes for a maximum Total Skill Score of 24 (one-month test-retest reliability, based on Controls' pre- and posttest scores, was .80 (Wurtele, 1986). Cronbach's alpha in Wurtele et al.'s study was .77. Cronbach's alpha in the current study was .64.

After the scenarios, the volunteers said to the children: "Now we are going to do something a little different. I will make some statements, and I want you to tell me how strongly you agree or disagree with these statements. These cards (flash cards) say: strongly agree, agree, don't know, disagree, and strongly disagree. You just p[illegible]nt to the one that you want to choose."

To measure Need to Know an adaptation of Kellermann and Reynolds ' (1990) Importance and Need for Certainty Scale was used. This scale contains six items. Kellermann and Reynolds (1990) defined the importance of reducing uncertainty to be concerned with the significance of what one does not know and the

need for certainty to reflect one's need or desire for better understanding or predictability. In other words, the scale is not measuring the level of uncertainty. Rather it measures the need to know or the motivation to reduce uncertainty. Kellermann and Reynolds found high intercorrelations among tolerance for uncertainty, importance of uncertainty, and need for certainty (.48 to .82). This suggested that their three scales were measuring the same quality. The reliabilities reported by Kellermann and Reynolds (1990) ranged from .70 to .80. The reliability for this scale found in this study was alpha = .60.

Guilt was measured by two questions drawn from WIST (test questions seven and eight, not previously listed) and a six-item scale developed by the investigator to determine the degree to which a child would assume self-blame in the event of abuse by an adult. Reliability obtained for this scale was alpha = .54.

Self-esteem was measured with an adaptation of the Rosenberg Self-Esteem Scale. The language was changed to be more age-appropriate. According to studies done by Rosenberg (1979) the reproducibility and scalability coefficients suggest that the items have satisfactory internal reliability (alpha = .85). An examination of these items revealed face validity. Although it was reasonable to question one or another item, the items appeared to deal with a general favorable or unfavorable global self-attitude. Reliability obtained in this study was alpha = .76.

After the children completed answering the interviewers' questions, debriefing was provided. First, the volunteers corrected any incorrect answers on the scenarios. Then they asked: "Can you remember this rule? SAY-DO-TELL. When it is not OK for a big person to touch or look at your private parts, say no, get away, and tell a grown-up you trust. Remember, it is never a kid's fault if a big person touches private parts when they should not do so. It's the big person's fault, because that person broke the body safety rules." Children were then praised for helping: "You really did a great job, and you helped me out a bunch. Thank you very much. You listened so well. Sometimes it is hard to talk to a person you don't know. Sometimes kids get upset because they don't know the answers to some of the questions. If you have some questions about what we talked about today, is there somebody you could talk to? It is always a good idea to talk to _____ if something's bothering you. For helping me today, I'd like to give you a sticker."

There was also a drawing in each school for a No More Secrets T-shirt. If a child seemed anxious or had

difficulty, the child was reassured and referred to the counselor. Principals and counselors were sent a letter thanking them for their help and stressing the importance of the research.

Results

A one-way analysis of variance (ANOVA) was used to compare the various conditions on scales measuring three variables: need to know, guilt, and self-esteem. A Fisher's Pairwise Comparisons test was subsequently conducted on all possible condition pairings to determine which groups were responsible for the obtained results.

Because of the ordinal measurement properties of the WIST, a Kruskal-Wallis test was employed to compare the groups on knowledge of help-seeking skills as measured by WIST. A Mann-Whitney Confidence Interval test was then used to make pairwise comparisons of these groups. The Spearman's Rank Correlation Coefficient test was employed in place of the Pearson Product Moment Correlation Coefficient to assess the relationship between help-seeking skills and need to know.

The above overall analyses were conducted on all three groups involved in this research. However, because the video condition (Group 3) was not part of the theoretically derived model, individual hypotheses speak only to comparisons of the control condition (Group 1) versus the theatre condition (Group 2). The analyses comparing the video condition (Group 3) with the other conditions were consequently conducted on a posteriori bases and were treated as research question because of insufficient prior research comparing this condition to that of live theatre.

H1: Exposure to educational theatre will motivate children to reduce uncertainty compared to no exposure to educational theatre.

RQ1: How do live theatrical presentations differ from videotaped presentations in motivating children to reduce uncertainty?

Based on Kellermann and Reynolds' (1990) research indicating that a "need to know" is a more important predictor of information seeking than a state of uncertainty, a hypothesis was made that exposure to

educational theatre will motivate children to reduce uncertainty. Analysis of variance revealed that the difference in means of the groups on need to know scores approached significance ($F(2,300) = 2.49$, $p = .08$). Means for Group 1 (Control), Group 2 (Play), and Group 3 (Video) on the Need to Know Scale were 17.28, 17.99, and 18.19, respectively. The mean for the need to know scores was highest for Group 3. Group 2 had the next highest mean, and Group 1 had the lowest mean. However, the Fisher's Pairwise Comparisons test revealed that the differences between Group 1 and Group 2 were not significant (-1.537 to 0.115). Thus the first hypothesis was not supported.

The first research question asked how a video presentation differs from live theatre in motivating children to reduce uncertainty, and as can be seen from the means, the group who saw the video had the highest scores. The Fisher's Pairwise Comparisons test showed that Group 1 and Group 3 were significantly different (-1.744 to -0.069). Group 2 and Group 3 were not significantly different (-1.002 to 0.611). Group 1 and Group 2 were not significantly different (-1.537 to 0.115). Therefore the video presentation seemed to increase a child's motivation to reduce uncertainty, but live theatre did not.

H2: Exposure to educational theatre will produce increased knowledge of help-seeking behavior compared to no exposure to educational theatre.

RQ2: How do live theatrical presentations differ from videotaped presentations in producing increased knowledge of help-seeking behavior?

Because the research indicated that educational theatre effectively communicates information, a hypothesis was made that theatre effectively communicates information that reduces uncertainty and prepares a child who encounters a potentially abusive situation to use appropriate communication behaviors and seek help. Questionnaires were administered four weeks after the play and the video were seen by the children.

The Kruskal-Wallis test revealed a significant difference among the three groups ($H = 8.83$, $p = .01$). Medians on the WIST Scale for Group 1 (Control), Group 2 (Play), and Group 3 (Video) were 26, 26, and 27, respectively. Mann-Whitney Confidence Interval tests conducted on all pairwise comparisons revealed that the differences in the scores of the children in the control group, who received standard curriculum only, and

the children in the theatre group approached significance ($p = .08$); however, the second hypothesis was not supported.

The second research question asked how a video presentation differs from a theatrical presentation in conveying help-seeking skills to children. The Mann-Whitney Confidence Interval test showed that the differences between Group 1 (Control) and Group 3 (Video) were statistically significant ($p = .001$). The differences between Groups 2 and 3 were not significant ($p = .29$) . The differences between Group 1 (Control) and Group 2 (Play) approached significance ($p = .08$). Thus, it appears that the video presentation produced significantly more knowledge of help-seeking skills, but the theatre presentation did not.

H3: Motivation to reduce uncertainty is positively correlated with knowledge of help-seeking behavior.

Based on Kellermann and Reynolds' (1990) conclusions that a need to know is positively correlated with information seeking, a hypothesis was made that motivation to reduce uncertainty would be positively correlated with knowledge of help-seeking behavior. Assuming that all children have uncertainty about child sexual abuse, a significant correlation between need to know and knowledge of help-seeking skills would extend Kellermann and Reynolds' research on initial encounters to other areas. Since many educators find that more than dissonance (uncertainty, lack of knowledge, confusion) is needed for learning, the hypothesis posited that an intervention would motivate children to learn. However, when the need to know scores and WIST scores were tested with Spearman's Rank Correlation Coefficient, no support was found for this hypothesis ($r's = .09$).

RQ3: Do dramatic interventions lessen feelings of guilt about sexual abuse?

Because feelings of guilt or self-blame often accompany child sexual abuse, the third research question asked if children who receive dramatic intervention will feel guilty or blame themselves if someone attempts to sexually abuse them. In other words, would the children think that if sexual abuse happened it would be their fault?

Analysis of variance found that the difference in guilt scores by group approached significance ($F(2,300) = 2.34$, $p = .09$). The Fisher's Pairwise Comparisons test, however, revealed that while there was not a

significant difference in the scores of Groups 1 (Control) and 2 (Play) (-0.392 to 1.974), there was a significant difference in the guilt scores of Groups 1 (Control) and 3 (Video) (0.113 to 2.512). No significant difference was found between Groups 2 and 3 (-0.852 to 1.895). The mean scores on the Guilt Scale were 6.76, 5.97, and 5.45, with the control group experiencing most guilt, followed by those who had seen the play, and those who had seen the video.

RQ4: Do dramatic interventions raise self-esteem?

Previous research related low self-esteem to both the causes and the effects of child sexual abuse, therefore this research question asked if dramatic interventions would raise the self-esteem of children. Analysis of variance revealed no significant differences in the self-esteem scores of the groups ($F(2,300) = 1.13$, $p = .32$). The Fisher's Pairwise Comparisons test found no significant differences between any pair of groups (Groups 1 and 2, -1.665 to 0.797; Groups 1 and 3, -2.198 to 0.298; Groups 2 and 3, -1.718 to 0.685). The means on the Self-esteem Scale by group for Group 1, Group 2 , and Group 3 were 30.68, 31.11, and 31.63, respectively. Children who saw the play and the video had higher self-esteem than the children who received no intervention. However, these means were not significantly different.

Discussion

Child abuse will almost certainly continue in a society that condones violence in its recreation, its discipline, its personal relationships, and its international relationships (Ratliff & Ratliff, 1987). As long as abuse continues, educational intervention programs will remain important, and if intervention programs are to be used, educators need to know how effective they really are. To meet this need, this paper examined the effectiveness of live theatre as an intervention and compared it to a video presentation.

When consent forms were sent out to parents, one parent (a father) called the investigator for clarification. Several parents called the schools for more information. Of the 303 students who took part in the research project, four did not want to finish the interview. An occasional student seemed embarrassed or uncomfortable. The counselors made note of the names of these students. Most of the students did well recognizing inappropriate touch, but a few had difficulty recognizing appropriate touch. There was one disclosure of abuse during the interviews. School authorities were already aware of this problem and the

abuser was no longer in the home.

Counselors reported that one benefit of the research project was increased communication between parents and children about abuse. Another benefit was that the counselors were alerted to children who might be having problems by the reactions of the children to the interviews. Interesting responses from the children on the "What would you say" question included: "Get a life; get yourself another little kid;" "Let' s play another game instead;" and "I can buy my own ice cream."

Implications

The results of this research should interest those who compare the effectiveness of prevention programs in order to provide educators with the information they need to make informed choices. With the recent mandate to address the issue of child sexual abuse in the schools, the importance of these prevention programs cannot be overstated.

Although previous research has shown that educational theatre does produce increased knowledge of help-seeking skills in children, analysis of the first and second hypotheses revealed that the children exposed to educational theatre in this study did not show a significant increase in either need to know or knowledge of help-seeking skills.

An explanation for these results could be the way the classroom teachers handled the presentation. Group 2 (theatre) teachers seemed to consider the play "entertainment." The children were told beforehand that they were attending a fun program, and afterwards the teachers simply asked "are there any questions?" Since live theatre teaches children about sexual abuse by speaking to the emotions and engaging the audience at this level first, the approach is experiential rather than didactic (Andrew s, 1993). Therefore, classroom discussion may be needed to change the emotional response to an intellectual one.

The first and second research questions asked how videotaped presentations differed from educational theatre in increasing need to know and knowledge of help-seeking skills. The scores of Group 3 (video) were significantly different than Group 1 on both need to know and knowledge of help-seeking skills. Perhaps the video worked on more of an intellectual level, which led to increased learning. These children received the highest scores on WIST (knowledge of communication skills).

Albrecht & Adelman (1987) discussed how social support reduces uncertainty and enhances control. In the same way, the video seemed to provide social support by reframing cognitive perspectives, improving recipients' skill levels, and enhancing perceived control through tangible assistance. This was demonstrated by the significant difference in knowledge reported by the children who experienced this dramatic intervention.

However, since the scores for Groups 2 and 3 were not significantly different, these findings present several possibilities. First, the video presentation could be an exceptional motivator for learning communication behaviors. All of the prevention programs using film/media that were discussed in a recent meta-analysis showed a significant increase in knowledge. However, the programs also included classroom discussion (Heidotting, Keiffer, & Soled, 1994).

Second, the way the interventions were handled in the classroom could have led to the differences in scores. Group 3 teachers used the video as a class lesson. They prepared the class for an "upsetting" story, and spent fifteen to twenty minutes in discussion after the presentation . These children received the highest scores on WIST (knowledge of communication skills).

Third, perhaps it is not the "live" aspect of theatre but the drama itself (the story, characters, and form) that provides the motivation for learning. The literary intensity that distinguishes the drama from narrative forms results in immediacy. The difference that drama provides can be compared to the difference between witnessing a violent event and reading about the violent event the next day (Johnson, Bierman, & Hart, 1971).

Fourth, because children have had so much more experience with television than with live theatre, they may be more receptive to videotaped drama. Researchers have confirmed that the major messages of a presentation are equally well learned when conveyed by different media, but specific details of knowledge, specific ways of drawing upon prior knowledge to understand the presentation, and some specific uses of messages may vary according to the medium. Different media, because of their technological characteristics, present different learning opportunities to children, and these opportunities relate to the information-processing activities in which children engage while using each medium. These

information-processing activities then relate to children's subsequent knowledge and skills (Dorr, 1986).

The third hypothesis stated that there would be a positive correlation between need to know and knowledge. Since this hypothesis was not supported, there is no evidence to extend Kellermann and Reynolds' (1990) research in the area of initial encounters to education. Yet, the lack of correlation might have been due to the elapsed time. Perhaps the children felt highly motivated to learn at the time of the interventions, which led to the learning reflected in their WIST scores. However, four weeks later, when the questionnaires were administered, that motivation was no longer necessary, although the learning was retained.

The third research question asked about feelings of guilt. The video seemed to provide social support to the children by enhancing control through acceptance or assurance (Albrecht & Adelman, 1987), as shown by the significantly reduced level of guilt feelings reported by the children who viewed the video. Nevertheless, the feelings of guilt expressed by all the children were extremely low (means of 6.76, 5.97, and 5.45 out of a possible 40 points). In retrospect it seems logical to conclude that although feelings of guilt and self-blame are associated with victimization, children with healthy self-esteems who have not experienced this trauma would not be likely to blame themselves when considering a hypothetical situation of abuse.

Analysis of the fourth research question revealed no significant differences in self-esteem by group. Two possibilities exist to explain this. First, the self-esteem of all the children was already high (means of 30.68, 31.11, and 31.63 out of a possible 40 points), so there may have been no reason for any changes. Second, self-esteem can probably not be changed by a single intervention. Previous research indicates that the self-esteem is relatively stable and changes slowly over time. This is reflected in an a posteriori finding that there was a significant difference in self-esteem by grade ($F = 4.40$, $p = .001$), with older children reporting higher self-esteem. An additional a posteriori finding was that guilt is significantly different by grade ($F = 6.23$, $p = .001$), with older students expressing less guilt. Perhaps these two results are related.

Preliminary evidence suggests that in-school programs can be effective in teaching children various personal safety skills. Therefore, educators should know that drama (live or videotaped) can work well as an intervention program, but it will be most effective when teachers follow-up with discussion. For every

dependent variable, Group 3 (video and discussion) had the best scores, Group 2 (educational theatre) had the second best scores, and Group 1 (control\standard curriculum only) scored last.

Two other points should be emphasized. First, the questionnaires were administered four weeks after viewing the theatre/video, which demonstrated that the children remembered what they learned. Second, Group 1 was not a naive group. Although they had not received any special intervention during the year the research was conducted, schools do include information about sexual abuse in their curriculum.

Limitations

There were several limitations to this study. First, the large difference in response rate (parents who would allow their children to participate in this research) was puzzling. Perhaps a low return rate is the norm, reflecting the natural reticence of parents to give permission for their children to be involved in a sensitive project. Wurtele et al. (1986) reported that parents expressed concerns about the harmful effects of such programs. Many of them believed that if their children participated in a personal safety program they would be uncomfortable accepting physical affection from their parents, would be frightened of strangers, or would suffer from nightmares. However, Wurtele and her associates found no evidence of children experiencing these negative effects.

The only difference in the groups that might explain the return rate was the amount of involvement in the research by the counselors and principals. Group 3 was a model school, with a high level of cooperation and support from the principal, the counselor, and the parents. This might have canceled out parental reluctance to allow their children to be questioned about sexual abuse.

Second, although teachers from both groups were provided lesson plans and asked to use them with their classes, follow-up discussions with the principals revealed that the teachers appeared to handle the interventions differently. As already discussed, Group 2 teachers and students seemed to consider the play entertainment, and Group 3 teachers and students seemed to treat the video as a lesson. Since the differences in scores for Groups 2 and 3 were never significantly different, perhaps combining live theatre with classroom discussion would produce the highest results of all.

Third, the reliabilities of the instruments used in this research were low. Standardization of instruments measuring the effectiveness of prevention programs remains important. Only one of these scales had been standardized to children, and changing the environment of an instrument may affect the results.

Fourth, a wider range of demographics is needed. All the children who were participants in this research were white and middle-class, which limits how much the findings can be generalized.

Future Research

While schools use many types of prevention programs to educate children about sexual victimization, empirical research on the effectiveness of these programs is still greatly needed for funding purposes, to determine cost-effectiveness, and to provide educators the opportunity to make informed choices.

Getting permission from administrators, principals, counselors, and parents to interview children in the schools is a difficult and important step. However, future researchers must have more control over the follow-up discussions. Perhaps this could be done by using different groups in the same school. Second, a wider range of demographics should be used. Third, instruments must be standardized for children. Fourth, because of recent changes in the way the media, schools, and families handle the problem of child sexual abuse, longitudinal studies are needed to measure accumulated effects.

The importance of the educator in the prevention and detection of child sexual abuse cannot be overestimated. Educators spend more time with children than many parents. Since much of the abusive behavior occurs in the home, the educator can serve as an empathic listener and advocate for children who cannot go to family members for social support. Educators also need to model behaviors that send a strong message of comfort regarding feelings and attitudes toward sexuality. To do this they must thoroughly examine their own beliefs about sexual abuse. In addition they must be aware of the prevalence of the problem, the historical perspectives, the characteristics of the abuser and the victim, the ways to detect child abuse, and the effectiveness of specific programs of intervention (Hodson & Skeen, 1987).

No truly accurate measures exist for knowing the number of children currently abused, since data can only be collected on reported sexual abuse. However, educators can make children aware that being sexually stimulated by an older or bigger person is inappropriate, and through interventions they can provide children

with the necessary skills to protect themselves from a potentially dangerous situation. This is an important first step toward the goal of preventing child abuse. Finally, whatever method is used to motivate children to learn sexual abuse prevention strategies, the best use of that method will include effective communication among everyone involved.

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